

PSYCHOLOGICAL ASSESSMENT THROUGH VARIOUS TESTS: A CASE STUDY OF 11-YEAR-OLD GIRL EXPERIENCING BRIEF PSYCHOTIC DISORDER WITH MARKED STRESSOR

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Abstract

This is a case of 11-year-old girl in grade 4. She was referred for psychological assessment and intervention due to significant emotional and behavioural issues. Her symptoms include intense jealousy, hypnagogic and visual hallucinations, irritability, and occasional physical aggression towards peers and cousins. She experiences perceptual disturbances, such as seeing distorted faces and objects, which cause fear and emotional distress. These challenges have led to anxiety regarding her school performance, social relationships, and overall emotional regulation, further exacerbating her struggles. Various psychological constructs were used to analyse these symptoms, such as BDI-II, CPM (Colored Progressive Matrices), RCADS, and HTP. CBT was considered effective, alongside medication, to work on her dysfunctional thoughts. Token Economy (a technique of behavioral therapy) was utilized for behavioral activation. In addition, ABA Therapy and Star Chat therapy were also found to be helpful.

INTRODUCTION

Psychosis, characterized by distorted reality testing and disruptions in thinking, perception, and behavior, can occur in various neuropsychiatric and medical conditions. Traditionally, and in line with current DSM and ICD classifications, psychotic disorders are defined by clear symptoms, distinct patterns, illness progression, and significant functional impairment (e.g., schizophrenia). Over the past 20 years, there has been growing research and

program development focused on identifying early or subclinical signs of psychosis. The aim is to detect individuals at risk of developing schizophrenia or other psychotic conditions (McIlwaine & Shah, 2021).

This shift stems from the realization that advancements in treating schizophrenia since the introduction of chlorpromazine have been limited. Early intervention combining medication and

psychosocial support offers a chance to reduce illness severity and improve outcomes. To address this, clinical trials and community-based care networks have been established to support individuals at risk or experiencing their first episode of psychosis (McGorry, Mei, Hartmann, & Nelson, 2021). Despite these efforts, accurately predicting which individuals with mild or early symptoms will progress to a full psychotic disorder, such as schizophrenia, remains a significant challenge (Lieberman, Small, & Girgis, 2019).

Schizophrenia and other psychotic disorders are highly diverse in their symptoms and presentations. Some experts propose that diagnostic classifications should move toward a broader "psychosis spectrum" framework (Guloksuz & van Os, 2018). This approach would encompass the wide range of psychotic and psychotic-like symptoms observed in clinical and population studies. Grouping these varied presentations under a unified psychosis spectrum could also help reduce the stigma and emotional distress often linked to the diagnosis and prognosis of schizophrenia.

Psychotic Disorder Not Otherwise Specified (PsyNOS) and Brief Psychotic Disorder (BrPsy) are underexplored and distinct diagnostic categories. Both involve at least one positive psychotic symptom, such as non-bizarre delusions, hallucinations, disorganised speech, or severely disorganised or catatonic behaviour. However, these symptoms do not meet the criteria for other psychotic conditions, including schizophrenia, schizoaffective disorder, psychotic mood disorders, delusional disorder, acute psychotic disorder, schizophreniform disorder, or psychotic disorders caused by medical conditions or substance use (American Psychiatric Association, 1994).

CASE STUDY

A.K. is an 11-year-old female student of 4th grade, attending The City School in Rawalpindi, Pakistan. She comes from a middle-class background and lives with her mother in a joint family system. She was referred to BBH Hospital Rawalpindi for psychological assessment and treatment due to persistent psychological and behavioural issues. The client has been experiencing persistent psychological and behavioral issues, including delusions,

hallucinations, aggression, catatonic posturing, and other disturbances, necessitating a comprehensive evaluation.

Her mother showed concern for her various actions, including delusion of jealousy, hallucinations (visual and hypnagogic), temper tantrums, catatonic posturing, and episodes of unusual behavior. She often describes seeing or sensing things that are not present, such as seeing objects moving on walls and sometimes seeing distorted faces. These symptoms are followed by emotional sensitivity, excessive jealousy toward her cousins, and anxiety related to school and social situations. Her problems started in June 2023 (when she constantly struggled to locate her father when she observed her peers with her parents), The episode started with severe headaches which led to subsequent visual disturbances and lasted for 30 days. She reported that she saw tiles moving and had seen cars on walls. Despite hospital visits and neurological testing, no cause was identified. She was on medications, and temporary relief was observed. Her symptoms reemerged in February 2024 (when her mother reported that her father left both of them due to her grandmother, whom he loved most, leading to a feeling of revenge in the client). Her mother reported that her behaviours were odd, and heightened sensitivity. She was taking antipsychotic medications and soon got better, but she discontinued her medication due to the side effects.

The third episode started in October 2024 (She developed feelings of inferiority because she had nothing, and even her friends left her to get in touch with the wealthier students in her class), where she experienced hallucinations, anger outbursts and nighttime fear. These episodes impacted her school performance and social interaction as she withdrew from everyone. Her mother reported that she was faced with emotional distress during pregnancy due to parental separation. The client was born full-term via C-section without any minor or major complications. Her developmental milestones were achieved within the normal range, and she walked earlier than most children of her age. She was faced with Jaundice at the age of 3. There is a family history of Bipolar disorder at the paternal side of her family. The client's parents divorced one month followed by her birth. Her father is not with them since. The absence of her father has

contributed to the feeling of neglect and rejection from her family.

Previously, she was social and outgoing. She started developing inferiority feelings which compels her to form fewer friendships. She perceives her classmates as superior and intelligent, which leads to withdrawn behaviour. Her classmates also make fun of her, which also compels her to distance herself from social interaction. Despite being a high achiever, her academic performance started declining due to her psychological constraints she faced. Before these symptoms, she was described as confident and friendly. She engages herself in school and social activities too. Her current difficulties mark a stark contrast to her previous well-adjusted personality.

During clinical interviews across seven sessions, she moved from being reserved and guarded to more

open. She discussed her feelings of neglect, inferiority, and emotional fatigue. Behavioural observations noted anxiety initially, which subsided as she opened up. Her mental status examination revealed anxiety and sadness, distorted perceptions, and preoccupations with themes of neglect and inferiority, but no cognitive impairment. Insight and judgment were intact in daily activities, and she demonstrated increasing awareness of her emotional struggles.

Bender Gestalt Test-II

Her score on BG, a neuropsychological screening test, indicates that her visual-motor perceptual functioning falls within the 'average' range. Her score on the test corresponds to a percentile rank of 63. Emotional indicators on the Bender record show withdrawal, mental confusion, frustration and low self-esteem.

Colored Progressive Matrices

Sets	Total Scores	Expected Values	Discrepancies
A	8	10	-2
AB	8	8	0
B	8	6	2

The total score achieved by the client on the Colored Progressive Matrices (CPM) was 24. The total score is compared to the tabulated values for each set, and the discrepancies were noted. The percentile rank corresponding to the total score of 24 places the client at the 50th percentile, meaning that the client's intellectual capacity is average compared to peers in the same age group. This suggests that she is performing within the typical range in terms of intellectual abilities.

Revised Child Anxiety and Depression Scale (RCADS)

The client's score on the revised child anxiety and depression scale falls within the mild range for both depressive and anxiety symptoms on the RCADS. Her total T-score of 62 for both the depression and anxiety subscales indicates mild symptoms of both depression and anxiety.

Positive & Negative Syndrome Scale (PANSS)

The scores of 109 on PANSS highlighted Delusions, hallucinations, suspiciousness, hostility, social

withdrawal, stereotyped thinking, somatic concern, Anxiety, tension, guilt feelings, unusual thought content, and poor impulse control.

House Tree Person Test (HTP)

The house is somewhat distorted, with a cracked appearance and damaged structure. This may suggest feelings of instability, insecurity, or disrupted family relationships. Lack of finer details in the house (e.g., doors, clear windows) may reflect emotional distance or difficulty expressing oneself. A house typically represents the child's home and family environment, so the cracks could indicate stress, unresolved conflicts, or emotional tension at home. The tree appears weak and bending, especially with sparse leaves and unusual proportions.

Trees often symbolize the self, and a weak tree may suggest feelings of vulnerability, low self-esteem, or emotional struggles. The leaning nature of the tree toward the hanging object may signify internalized anxiety or hopelessness. Person (Hanging Figure), The most striking and concerning part of this drawing is the hanging figure. This imagery can reflect deep

sadness, feelings of being trapped, or unspoken emotional distress.

The person figure is drawn with awkward, distorted proportions and features, particularly the large, dark eyes that stand out. Such exaggerated or disproportionate features may point to visual hallucinations, where the child may perceive people or objects in an altered, threatening, or unreal manner. The overall posture of the figure appears rigid, possibly indicating emotional tension, fear, or paranoid ideation. The grid-like or crisscross patterns on the body and limbs may reflect an internal feeling of entrapment, monitoring, or being under threat. The detached, fragmented nature of the figure, especially with undefined boundaries, aligns with disorganised perceptions seen in psychotic symptoms. The lack of full foliage and the depiction of fallen leaves could symbolize a sense of loss, fragmentation, or detachment from the environment.

RESULTS

The assessment results for A.K. provide a comprehensive view of her psychological and

cognitive functioning. Her performance on the Bender Gestalt Test-II suggests average visual-motor perceptual functioning. Emotional indicators such as withdrawal, frustration, and low self-esteem point to underlying emotional struggles. Her intellectual capacity, as measured by the Colored Progressive Matrices, falls within the average range. Research also supports the use of RCADS with children, as Chorpita et al. (2000) highlighted the validity of RCADS. Researchers also consider it a quick measure to understand the severity (Weems et al., 2005; Ross et al., 2002). The scores on RCADS highlight mild to moderate difficulty with depressive and anxiety symptoms. PANSS highlighted a score of 45, indicating mild symptoms. The Projective analysis revealed that she has a distorted perception, and most likely, she is faced with psychotic symptoms. Her reality contact was not distorted due to the medications she was using, but her overall symptomatology likely represents the state of psychosis.

Test	Raw Scores	Range
BGT	63	Average
CPM	24	Average
RCADS	62	Mild Symptoms
PANSS	109	Mild Symptoms
HTP	Themes: distorted proportion of house, tree and person (dark eyes)	Associated with: psychosis symptoms

DISCUSSION

The Biological factors highlighted included family history of psychological disorders and prenatal stress. The psychological factors revolve around the feelings of neglect and rejection from her father, leading to low self-esteem, and anxiety. Socially, she was faced with challenges within her joint family system and school environment, contributing to her symptoms. These factors together have led to emotional disturbances and behavioural discomfort. Persistent emotional distress due to family dynamics is also a significant factor. Her predisposition to psychological difficulties arises from a combination of genetic, environmental, and familial factors. A history of psychological disorders, such as Bipolar Disorder, on her paternal side suggests a genetic predisposition to emotional vulnerabilities. During pregnancy, the client's mother faced significant emotional and

financial abandonment following her husband's divorce. This period of maternal stress likely impacted the client's early emotional development. Growing up without paternal care, coupled with maternal depression, contributed to an emotionally unstable early environment, which may have hindered her emotional growth and social well-being.

Her ongoing struggles are maintained by persistent emotional and environmental stressors. Living in a joint family system may have contributed to constant comparisons with cousins. That later on become a reason for having inferiority feelings. These things exacerbate her feelings of jealousy, and low self-esteem. The mother's financial hardships and perceived favoritism toward others reinforce her belief that she is unloved and unsupported. Social anxiety, peer teasing, and fear of ridicule further perpetuated her emotional struggle. This thus impacted her

confidence and academic performance. She also struggled to process and regulate emotions like anger, jealousy, and frustration, leading to behavioural outbursts and distorted perceptions.

In spite of these challenges and hurdles, she possesses several strengths and supportive factors that provide a foundation for recovery. She is goal-oriented and consistently performs well academically, indicating strong cognitive abilities and resilience. Her mother remains actively involved, seeking professional help to improve her daughter's emotional well-being. During therapy sessions (with medication adherence), she demonstrates insight into her emotional struggles, suggesting readiness for psychological intervention. Although comparisons persist, the extended family is generally understanding and avoids harsh judgments of her condition.

Psychodynamic theory (Deel, 2007) suggests that unconscious conflicts and unresolved early childhood experiences can lead to emotional and behavioural issues. Her feelings of neglect and abandonment by her father, as well as the trauma of growing up without paternal support, could manifest as emotional distress, jealousy, and hallucinations. These feelings may stem from unresolved unconscious conflicts related to her father's absence and her mother's emotional distress. Attachment theory (Calkins & Leerkes, 2004) focuses on the impact of early relationships with caregivers on emotional regulation and interpersonal relationships. Disturbances in attachment, such as her experience of paternal abandonment and her mother's emotional struggles, may lead to difficulties in forming secure attachments and emotional stability. Cognitive Behavioural Theory (CBT) (González-Prendes & Resko, 2012) explains that emotional and behavioural problems are often rooted in distorted thinking patterns. Her feelings of inferiority, jealousy, and fear of being judged by others can be seen as cognitive distortions. Her perception of others as having a higher social status and her belief that her classmates mock her for her family's financial situation could lead to social anxiety, which exacerbates her emotional struggles.

The Biopsychosocial model highlights the interaction between biological, psychological, and social factors in the development of mental health disorders. Her psychological distress may be compounded by biological vulnerabilities, psychological factors, and

social factors, creating a complex interplay of influences.

CONCLUSION

Several recommendations can guide her treatment and recovery. Psychoeducation for the mother is crucial, including education about the child's condition, symptoms, potential triggers, and coping strategies. It is also essential to guide the mother on how to create a supportive and understanding environment at home.

A psychiatric consultation should be recommended to evaluate the need for medication to manage symptoms such as hallucinations or severe emotional instability. Psychoanalytic techniques, such as free association, play therapy, and interpretation, can be used to uncover and address unconscious conflicts contributing to the child's behaviour. Cognitive Behavioral Therapy (CBT) (González-Prendes & Resko, 2012) should focus on identifying and challenging negative thought patterns and teaching the child practical coping strategies to manage emotional and behavioural issues.

Emotional regulation training can help her identify, understand, and manage her emotions efficiently. This comprised teaching relaxation techniques, mindfulness, and coping skills to handle stress and anger. Behavioural management strategies should also be implemented, such as developing a structured plan to encourage positive behaviours and reduce disruptive ones with the help of the Token economy. Reinforcement strategies, such as praise and rewards, can help shape desired behaviours. Art therapy, Trauma-focused and supportive therapy would also help her manage these symptoms.

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